

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Dr. Rachel A English

Mailing Address

1825 N 74th St

City

Wauwatosa

State

WI

Zip Code

53213-2219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Michael Hosp

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 0 6

Transaction ID: 17879844

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Celia B Entwistle

Mailing Address

1364 Braeburn Rd NW

City

Concord

State

NC

Zip Code

28027-8803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MidAtlantic Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 0 6

Transaction ID: 17879845

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Gayle A Galan

Mailing Address

1742 Rock Hill Ln

City

Akron

State

OH

Zip Code

44313-8019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gayle A Galan, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 0 6

Transaction ID: 17879846

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....